

73A802 (10-98)

Commonwealth of Kentucky
REVENUE CABINET

FOR OFFICIAL USE ONLY

____ / ____ RTN **8 8** / **0 4** / **1 9 9 8**
 Type Tax Type Return Period

**APPLICATION FOR
90-DAY EXTENSION OF TIME TO FILE
KENTUCKY BANK FRANCHISE TAX RETURN**



Print or Type	Name		RTN (Routing and Transit Number) ____ / ____	
	Mailing Address		Federal Identification Number ____ - ____	
			Telephone Number ()	
	City	State	ZIP Code	

1. Tentative payment of bank franchise tax due (see instructions)	
2. If remitting payment by electronic funds transfer (EFT), check here <input type="checkbox"/> and enter amount	
<p align="center">► Make check payable to Kentucky State Treasurer and mail extension request with payment to:</p> <p align="center">Kentucky Revenue Cabinet <i>Mailing Address:</i> P. O. Box 1303, Frankfort, KY 40602-1303 <i>Overnight Address:</i> 1266 Louisville Road, Frankfort, KY 40601 <i>Telephone Number:</i> (502) 564-2198</p>	

Extensions are granted in accordance with the provisions of Kentucky Revised Statute 136.545.

_____ Signature of Principal Officer or Chief Accounting Officer	_____ Signature of Preparer Other Than Taxpayer
_____ Type or Print Name of Principal Officer or Chief Accounting Officer	_____ <div align="center"></div> Telephone Number Extension
_____ Date	

The 1998 Kentucky bank franchise tax return must be postmarked no later than March 15, 1999, unless an extension of time to file the return is submitted by that date. If a 90-day extension of time is requested, the 1998 Kentucky bank franchise tax return must be postmarked no later than June 14, 1999. An extension of time to file a return does not extend the time for payment of the tax due.